

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90179 018 ***158.75

DOCUMENT # F97000002677

1. Entity Name

RIPTIDE INVESTMENTS, INC.

Principal Place of Business

9737 NW 41ST ST., STE. 398
 MIAMI FL 33178

Mailing Address

9737 NW 41ST ST., STE. 398
 MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9737 NW 41ST
 STE 398 244
 MIAMI, FL
 33178

3. Mailing Address

9737 41ST ST
 STE 244
 MIAMI, FL
 33178

4. FEI Number

65-0741831

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INGRAHAM, JAMES A
 19101 MYSTIC POINTE DR
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: **Nelson Rivera**

Street Address (P.O. Box Number is Not Acceptable)
5506 COLLINS AVE

City: **Miami Beach, FL**

FL

Zip Code: **33140**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Nelson Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/07/02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	FORMEN, DAN	
STREET ADDRESS	9737 NW 41ST ST SUITE 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CV	<input checked="" type="checkbox"/> Delete
NAME	VALLE, CARLOS	
STREET ADDRESS	9737 NW 41ST ST PMB 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, DAN	
STREET ADDRESS	9737 NW 41ST ST SUITE 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Nelson	
STREET ADDRESS	5506 COLLINS AVE	
CITY-ST-ZIP	Miami Beach FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelson Rivera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)